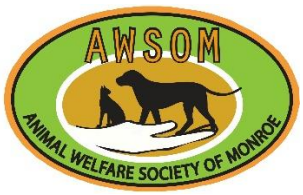

AWSOM: HOME FOR THE HOLIDAYS Foster Application

Application for: (Name of Pet Desired)_____Date:_____

Name:_____

_____ _____

Physical Address:_____

_____

Mailing address (if different than physical address)_____

_____

Email:_____

Telephone:

HOME:_____Cell:_____Work:_____

Drivers License #:_____Date of Expiration:_____

ABOUT YOU:

Do you own or rent?_____

Type of dwelling: Apartment___Townhouse_____Multiple Family_____Single Family____

Are you permitted to have pets?_____

If rent, Landlord name and telephone number: _____

_____

How long has you been at this address? Years:_____Months:____

Other Household Members Spouse or Housemate

(name/relationship):_____

Children in home?_____

Sex/age(s)_____

Others in household and relationship:_____

_____

TYPE OF PET YOU ARE LOOKING FOR: Dog_____Cat_____No Preference_____

Specific Breed(s):_____

What size dog would you consider: (Circle) Small Medium Large X-Large

Where will the pet spend most of his/her time?

During the day:_____

At night?_____

***All dogs must either be in a fenced in yard, or on a leash at all times while outside.**

Please initial if agree_____

***All Cats must remain indoors at all times, they are NOT to go outside.**

Please initial if agree_____

OTHER PETS Do you have any pets now? Yes or No (please circle one)

Please list Pet type/age/sex:_____

_____

_____

_____

Are your cats and/or dogs spayed/neutered?_____Vaccinated?_____

Do your dogs take heartworm pills?____

Name, address, and phone number of Veterinarian:_____

_____

AGREEMENT AND ACCEPTANCE: I swear to the best of my knowledge the above information is true and complete. *Please note: Proper ID and proof of address must be submitted before fostering an animal. If you currently have animals in your household, proof of vaccination is required before fostering. If fostering a dog, any existing dogs in the household would need to come down to the shelter to do a meet and greet prior to approving a dog to leave the shelter. I understand that the handling of animals and other activities while at the Animal Welfare Society of Monroe (AWSOM) shelter may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the Animal Welfare Society of Monroe (AWSOM) and its directors, officers, employees, and agents from any and all claim, causes of actions and demands of any nature, whether known or unknown, arising out of or in connection with my activity while at the Animal Welfare Society of Monroe(AWSOM) shelter. I understand that AWSOM cannot guarantee the health, temperament, or training of the above described animal and hereby release AWSOM, its successors, directors, and officers from any and all liability once the animal is in my possession. Further, I agree to pick up and return the animal at the designated times below. Failure to do so will result in violation of this agreement. In case of emergency, please contact the shelter during normal business hours at 570-421-3647. After hours, please email: info@awsomanimals.org or Private Message us on our Facebook page: A.W.S.O.M. If you have a medical concern with your foster and can't reach a shelter staff member, please feel free to call the AWSOM Wellness Center with your concerns. 570-424 1060.

Signed:_____

Print Name:_____

Requested Pick up Date/Time:_____

Requested Return Date/Time_____

Thank you for helping an AWSOM animal! Have an awesome Holiday!!

****

OFFICE USE: ASWOM Representative Signature:_____ Date Approved:_____ NOTES:

_____

_____

_____

_____

_____ Discussed Pick up Date/Time:_____ Return Date/Time_____